



P.O. BOX 235
GRAND JUNCTION, MI 49056

ASSOCIATE MEMBERSHIP APPLICATION FORM

Farm/Business Name(s): _____

Name of Owner(s)/Primary Contact: _____

County(ies) of Farming Operation(s) (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Alternate Phone: _____

E-mail*: _____

*Please note that we will send all MBBAC and/or industry related news, announcements, and invoices by ***email***. Please ensure the e-mail provided is current and clearly written.

Associate Membership dues are \$350.00 per year with the fiscal year beginning January 1st of each year.

Yes, I want to join/continue my membership with MBBAC AND/OR wish to contribute to the MBBAC and have enclosed a check for \$_____. By signing, I certify that I am authorized to sign on behalf of above named Farm/Business.

Signed: _____ Date: _____

If you have any questions, please feel free to contact Chad Reenders (President) at 616.481.4687 or MBBAC Administrative Secretary, Jennifer Spears, at 269.434.6112.

“Industry Strength Through Unity” is our goal...

For Board Use Only:

Date Received: _____ Check#: _____ By: _____

Date Check Mailed to Treasurer: _____